Midwest Academy Strategy Chart

After using the strategy chart to plan an overall campaign, any tactic from the last column can become the basis of a new chart that is used to plan that particular tactic. The following chart demonstrates how this works.

Goals Organizational Constituents Targets Tactics
Considerations Allies and Opponents

Overarching Long Term Goal:

Develop and implement a sustainable, cost effective, efficient method of universal screening in Alaska.

Short Term Goal:

House efforts in one place to streamline data collection and maximize the collective impact.

- centralize data
- data sharing agreement/MOA/ MOU
- Address FERPA/HIPAA challenge

AECCC and Help Me Grow key to achieving short term goal

Intermediate Goal:

Data to demonstrate outcomes/cost savings of universal screening

 Helps us evaluate outcomes and methods of Costs and
Mandates for
Partner
Organizations:
Governor's
Council on
Disabilities and

Council on
Disabilities and
Special Education
(staff/committee
member time,
energy + outcomes
for individuals, 1/3
of what GCDSE
does)

Help Me Grow (centralized access point for screening, core components, data and analysis to meet mandate, staff time and possibly resources to facilitate screenings)

Health Care Services (Multiple mandates: EPSDT, CHIPRA, Medicaid staff time, reporting cost)

Constituents:

Private Sector:

- Providence
- Physicians
- Childcare facilities
- Partnerships

• Family Nurse

- Best Beginnings
- Parents as Teachers
- Community
 Health Aide
 (Launched using
 ASQ; still some
 areas where
 this is not
 happening yet
 like Norton
 Sound)
- Parents and parent support groups
- Key Coalition
- FASD Clinics
- Local Schools and Preschools
- Behavioral Health
- UAA Center for Human

Long Term Goal Targets:

Administration (Governor, DHSS and DEED Commissioner)

Legislature (this will cost \$, Finance Chairs/Co-Chairs of HSS and Education)

Federal
Partners/Funders
(provide data,
OSEP, etc.)

Next Steps (Short Term):

What are data mandates?

- What are the gaps in current data collection?
- Identify (any duplication of data)
- Jamal/PH & Rachel develop basic data matrix which partners would fill out for their respective entity, matrix developed by end of Oct. 2017.
- Barbara Hale, HCS- Look at billing code for developmental screening.

Child Identifier

- Unique identification number to aide in determining long term outcomes
- No system in place currently before a child comes into the schools. A number is currently assigned in kindergarten. (AKSID#)

Education/Outreach:

- Counselors
- Families (training on Help Me

 service
 Helps us document and support funding needs/requests

Data=Outcomes=\$

*Note: Universal screening for all kids (not just 50% delay, but catch all delays; plan needs to include where those kids with lower percentage delays are

served)

Title V Maternal Child Health (\$, staff time, performance measures reporting)

Infant Learning Program

(staff time, \$, meeting needs of children, reporting needs relative to child find, ASQ, pays subscription kids keys which provides calculator)

Public Health Nursing

(identify, screen, refer, follow up, funding via Medicaid. mandated to do EPSDT, focus 0-6, follow bright futures very closely, do screenings for everyone at every visit, use ASQ with home visits, Medicaid time studies, staff time, reporting requirements, PISS, teaching teachers,

- Development
- Business Community
- Insurance companies
- University of Alaska

Allies:

- Legislature
- Animal Clubs (Lions, Rotary, Elks)
- Pediatric practices, medical homes, ASQs filled out prior to appointment (Alaska Center for Pediatrics)
- ECHO
- WIC & DPA
 Offices to find parents who have not be able to access the public health system
- SEED

Opponents:

(common theme - not seeing the importance; concern on time and money)
Legislature
Health Care System
Administrators

- Grow and what standardized developmental screening is, "parent is expert on their child" consider an app or social media make screening available in different formats)
- Governmental entities
- Childcare providers (tribal childcare, Thread/Meghan and Childcare Licensing; create trainings to strengthen families-Christina plan completed in Oct.; consider at childcare enrollment ask parents about screenings and developmental milestones)
- Community-at-large
 "Branding" (Learn and Grow,
 OP Eds, mini trainings; media
 campaign/white paper Christie Reinhardt GCDSE)
- Providers (OCS presentations)
- Physicians (A2P2, Pediatric Symposium in November -Tamara/Carmen with Help Me Grow, January 2018 for pilot communities; look at WAMI program, continuing education, residency track and family medicine for outreach too).
- LEND focus (deadlines for LEND fellow research projects is Friday) *note proposal submitted by Christie.
- Council staff follow up with

education Part C)	(worried about bottom	group.
Childcare (reporting requirement, referral for Part C) Headstart (required to do environmental screening on kids) Other Partners with Mandates: Office of Children's Services Tribal Health System Dept of Education	 line - \$) Parents Childcare providers Practitioners (work flow, time constraints) Electronic Health Records (need to be able to have developmental screenings incorporated, challenge with additional layer, interface challenge) Opponents may arise relative to mandate regarding a specific tool itself (ASQ) Insurance companies 	 Oct. 2017 - Trip to Washington. Consider cohort model to determine more long term outcomes. Explore sustainable funding past Help Me Grow, 3 years (ILP support and others).